

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10 585915

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1	1		
3		1	1	1		
4		1	1	1		
5		1	1	1		
6		1	1	1		
7		1	1	1		
8		1	1	1		
9		1	1	1		
10		1	1	1		
11		1	1	1		
12		1	1	1		
13		1	1	1		
14		1	1	1		
15		1	1	1		
16		1	1	1		
17		1	1	1		
18		1	1	1		
19		1	1	1		
20		1	1	1		
21		1	1	1		
22		1	1	1		
23		1	1	1		
24		1	1	1		
25		1	1	1		
26		1	1	1		
27		1	1	1		
28		1	1	1		
29		1	1	1		
30		1	1	1		
31		1	1	1		
32		1	1	1		
33		1	1	1		
34		1	1	1		
35		1	1	1		
36		1	1	1		
37		1	1	1		
38		1	1	1		
39		1	1	1		
40		1	1	1		
41		1	1	1		
42		1	1	1		
43		1	1	1		
44		1	1	1		
45		1	1	1		
46		1	1	1		
47		1	1	1		
48		1	1	1		
49		1	1	1		
50		1	1	1		
TOTAL IND.	1		1			
TOTAL DEP.		1		1		
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	1	1		
52		1	1	1		
53		1	1	1		
54		1	1	1		
55		1	1	1		
56		1	1	1		
57		1	1	1		
58		1	1	1		
59		1	1	1		
60		1	1	1		
61		1	1	1		
62		1	1	1		
63		1	1	1		
64		1	1	1		
65		1	1	1		
66		1	1	1		
67		1	1	1		
68		1	1	1		
69		1	1	1		
70		1	1	1		
71		1	1	1		
72		1	1	1		
73		1	1	1		
74		1	1	1		
75		1	1	1		
76		1	1	1		
77		1	1	1		
78		1	1	1		
79		1	1	1		
80		1	1	1		
81		1	1	1		
82		1	1	1		
83		1	1	1		
84		1	1	1		
85		1	1	1		
86		1	1	1		
87		1	1	1		
88		1	1	1		
89		1	1	1		
90		1	1	1		
91		1	1	1		
92		1	1	1		
93		1	1	1		
94		1	1	1		
95		1	1	1		
96		1	1	1		
97		1	1	1		
98		1	1	1		
99		1	1	1		
100		1	1	1		
TOTAL IND.						
TOTAL DEP.		87		87		
TOTAL CLAIMS						